(a) whether it is a fact that in trauma centres of AIIMS, Safai Karamcharies have found giving first aid and treatment to patients;

(b) if so, details thereof and reasons therefor;

(c) whether it is also a fact that doctor incharge approve this role of Safai Karamcharies; and

(d) if so, who will be responsible for any mishap?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. Giving first aid and treatment to patients by Safai Karamcharies does not arise.

(b) to (d) Does not arise.

Organ trade in India

865. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to bring in stringent measures to control organ trade in the country;

(b) if so, the details thereof; and

(c) how far will this action plan deter the foreigners coming to India for organ transplantation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Honorable High Court of Delhi in CWP No.813/2004 *vide* its order dated 06.09.2004 had set up a Committee to examine the provisions of Transplantation of Human Organs Act, 1994 and the Transplantation of Human Organs Rules, 1995. The report was submitted on 25.05.2005. A National Consultation was held on 18.05.2007 and the report was submitted in the second fortnight of August, 2007. The recommended changes required amendments in the Transplantation of Human Organs Act, 1994 (THOA) and the Rules framed thereunder. The amended Rules have been notified *vide* Gazette Notification No.G.S.R.571(E) dated 04.08.08. These changes are intended to facilitate genuine cases and to increase transparency in transplantation procedures.

In so far as foreign nationals coming to India for organ transplantation is concerned, such cases could be deterred by routing all such requests for organ transplantation through the Authorization Committees and by prohibiting organ transplantation where the recipient is a foreign national and the donor is an Indian national. This would, however, require amendments to THOA. As the law stands today, cases of near relatives are not required to be processed through the Authorization Committees.

Low sex ratio in Delhi

866. SHRI B.J. PANDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that female foeticide still continues in a big way in Delhi leading to alarming low sex ratio in the capital, according to a study conducted by an NGO and supported by the Centre;

(b) if so, the details thereof;

(c) whether Government has worked out some action plan/strategy to control such incidents of such selective abortions; and

(d) if so, the details thereof;

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Details are enclosed as Statement-I (*See* below).

(c) and (d) Details are enclosed as Statement-II.

Statement-I

Details of Child Sex Ratio in Delhi

1. As per the Census figures for 2001, the Child Sex Ratio (No. of girls per 1000 boys in the age group of 0-6) in Delhi was 868, as against the National figure of 927.

2. The Centre for Social Research (CSR), an NGO from New Delhi, was sanctioned on 8.2.2007 a Grant-In-Aid of Rs. 10,00,000/- (Rupees Ten Lakhs Only) representing 80% of the total approved Grant-in-Aid of Rs. 19,56,000/- (Rupees Nineteen Lakhs and Fifty Six Thousand Only) in respect of their project proposal, 'Meri Shakti Meri Beti', which sought to (1) conduct a situational analysis on the status of actions taken by the existing agencies on the issue of female foeticide and to conduct an impact assessment study of the existing IEC material, (2) implement the Action Plan to combat female foeticide in the selected project areas for further replication and (3) to prepare a road map for a long term strategy of eliminating female foeticide.

CSR chose one urban ward and one rural area from each of the three tehsils in Delhi, *viz.*, Najafgarh, Narela and Punjabi Bagh, as their sample intervention area for their study.

3. The highlights of the report submitted to the Central Government by CSR on the basis of the above study are as follows:

A. Social Audit

- The low social status of females in the Indian society.
- Son preference has more to do with the mind set and attitudinal factors.
- Discriminatory socio-economic factors cause female foeticide. Small businessmen and more educated parents have fewer girl children. Female foeticide is practiced across castes.
- Convincing community members was a challenge.
- Communities voiced against female foeticide, but incidences happening in their communities.
- The rise of nuclear families, metro-living style and small family norms.
- Couples no longer seek their elders' advice.
- Oblivious to the fact that the fathers' chromosome determines the sex of the foetus. People with more than 4 children prefer sons.

- People in low-income group and higher-income group voiced son-preference.
- Religious ceremonies, prayers, medications and sex-determination tests.
- People feel that NGOs/Social Workers, opinion leaders along with the Police can stop cases of female foeticide.
- Implementation of law and awareness generation programmes.

B. **Medical Audit** –

- Awareness level about PC & PNDT Act is non-existent (67.9% in Najafgarh, 69% in Punjabi Bagh and 63.8% in Narela not aware).
- Clinics audited, were compliant with the audit.
- Though the community members are aware about certain clinics conducting the sex-selection tests, the staff of the concerned clinics denied it.
- The dais/Aganwadi workers blamed the Doctors/Nurses of private clinics/hospitals.
- More schemes like 'Ladli'.
- Doctors are aware about female foeticide - by private clinics/hospitals and quacks/ unregistered doctors.
- The indiscriminate supply and purchase of portable ultrasound machines.
- Many pathology laboratories did not have a consultant gynaecologist or pediatrician.
- In certain cases, clinics boldly advertising ultrasonography on their sign boards claimed upon interrogation, that those services were no longer available due to the recent sale of the machines.
- No ultrasound clinics/ doctors admitted. Community members named 2-3 clinics and Nursing homes in each area which are known for conducting sex-selective abortions.
- At the grassroots level there was an utter disregard of the law and when two parties agree behind closed doors to conduct female foeticide, neither complains against the other.

4. On the basis of their above findings, CSR have concluded as under:

(1) **Community Responses.**

- People oppose female foeticide; aware female foeticide is taking place- still a declining trend.
- Aware of significance a girl child.
- Son is the bread-winner, future care-taker, lights the funeral pyre, etc.
- Mother-in-laws blamed daughter-in-laws and vice-versa.
- Women without sons are often looked down upon and blamed.
- Couples with one or more girl children often go for sex-selection.
- Family tradition and dowry system.
- The rich and wealthy also have less female children.
- It is the Doctors/Nurses of private clinics and local level quacks.

- Guilty persons roam around scot-free-a bad example for others.
- Response from Dais & Aganwadi workers.
- People come for sex-selection – are not conducting female foeticide – blamed the Doctors/Nurses of private clinics/hospitals.
- **Presence of PC & PNDT Act not very effective.**
- Quacks/Informal Rural Practitioners/unregistered **doctors are in partnership** with ultrasound clinics.
- Community knows who does but is afraid to name them or raise their voices against them.

(2) **Response from Doctors**-

- Aware of female foeticide happening, clinics/hospitals conducting it – abiding by the PC & PNDT Act.
- No support from institutions/organisations of the area/local community in preventing female foeticide. Quacks/unregistered medical practitioners performing sex determination tests; they are not professional doctors, but "business men" looking for profit.
- No ultrasound clinics/doctors admitted - community people named 2-3 clinics/Nursing homes in each project area.
- Responses regarding PC & PNDT Act:
  - Not aware of the existence of any law related to sex selection.
  - People who know the Act, most are wrong in their understanding.
  - Whom to complain for female foeticide vary from Police/Aganwadi workers/ NGOs/ Panchayats.

(3) **Responses regarding IEC Material**:

- While newspaper cuttings/advertisements, attractive posters, audio-visual materials and flipbooks appear to be **effective mediums** of spreading the message against female foeticide in the study areas, a small proportion of people voiced that television advertisements are the main source of their information.
- IEC materials are easily comprehensible (96.2% in Najafgarh, 88.8% in Punjabi Bagh, 97.5% in Narela).
- Improvement in presentation style, attractiveness and wide dissemination.

Statement-II

Details of the steps taken by Government to improve CSR in the country

1. The Sex Ratio (SR) (number of females per thousand males) has increased from 927 to 933 from 1991 to 2001. However, the Child Sex Ratio (CSR) has declined from 945 to 927 during the same period.
2. Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. Easy availability of the sex determination tests may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

3. The Government has taken action on strengthening the Pre-Conception & Pre-Natal Diagnostic Techniques Act (PC & PNDT Act) as well as creating awareness on the issue through various IEC mechanisms. Some of the steps taken by the Government to improve the Child Sex Ratio in the Country are constitution of the Central Supervisory Board under the Chairmanship of Union Minister of Health & Family Welfare, whose function, *inter alia*, is to review and monitor implementation of the Act and rules made thereunder and recommend to the Central Government changes in the said Act and rules and to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide; constitution of the National Inspection & Monitoring Committee for undertaking field visits periodically across the country, and constitution of the National Support & Monitoring Cell for effective implementation of the Act, training of Judiciary, publication of Annual Reports, Frequently Asked Questions (FAQs), organising sensitisation workshops/seminars, launching of 'Save the Girl Child' campaign, seeking cooperation from the NGOs/religious leaders, etc..

4. Further, under the National Rural Health Mission, Auxiliary Nursing Midwife (ANM) and Accredited Social Health Activist (ASHA) are being sensitised on the issue. Also, funds have been provided to all States/UTs under the Rural Child Health (RCH) programme for implementation of the Act and related activities.

5. Funds have been released to the Governments of Chandigarh, Delhi, Gujarat, Haryana, Himachal Pradesh, Punjab and Rajasthan at the rate of Rs.5.00 lakh per hon'ble Member of Parliament (both Lok Sabha and Rajya Sabha) of these States/UTs, considered sensitive from the point of view of Child Sex Ratio, for expending on the identified awareness generation activities recommended by the hon'ble MPs in their areas of choice as per the guidelines framed for the purpose. The activities include creation of public awareness on sex selection and declining sex ratio by organising exhibitions, seminars, workshops, trainings / orientations programmes for Panchayati Raj Institutions, Self-help Groups, public meetings, debates, essay competitions, nukkad nataks, stage shows etc.

6. On 2.10.2007, on the occasion of the Birth Anniversary of the Father of the Nation, Mahatma Gandhi, a signature campaign was launched to generate awareness regarding the evils of female foeticide. H.E. the President of India appended her signature first on the scroll as the first citizen of the Country. Rallies were also organised on 4.10.2007 in every district of the NCT of Delhi to generate awareness among the public.

7. Further, the National Level Meeting on 'Save the Girl Child' held on 28.4.2008 at Vigyan Bhawan, New Delhi, was inaugurated by Dr. Manmohan Singh, hon'ble Prime Minister of India, in the presence of the hon'ble Union Minister of Health & F.W., hon'ble Union Minister of State (I/C) for Women & Child Development, hon'ble Minister of State for Health & F.W. The large turn out of hon'ble Health Ministers, Members of Parliament and Senior Health Officers from the Central and State/UT Governments and representatives of various organisations active in the area of Child welfare at the day long fruitful deliberations of the National Meet, lent the necessary impetus to the 'Save the Girl Child' mission.

All the State/UT Governments have been requested to replicate such a meeting in their respective States/UTs.

8. On the above occasion of the national Level Meeting on 'Save the Girl Child', in addition to the Union Health & F.W. Ministry's website, (www.mohfw.nic.in). an independent website, 'pndt.gov.in' for PNDT Division was launched by the hon'ble Union Minister of Health & F.W. on 28.4.2008. This website, in addition to containing all the relevant information relating to PNDT Act,

Rules., Regulations and activities, enables online filing of data right down from Clinics (including submission of From-F online by the Clinics), in the field to the District and State level and their retrieval at the District, State and National levels.

On the same occasion, the hon'ble Union Minister of Health and Family Welfare launched a Toll Free Telephone (1800 110 500) under the PNDT Division of the Ministry to facilitate the public to lodge complaint anonymously, if so desired, against any violation of the provisions of the Act by any authority or individual and to seek PNDT related general information.

9. The Government, on continuing basis, is monitoring and taking action to strengthen the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC & PNDT Act) as well as creating awareness on the issue through various IEC mechanisms through the active participation of the State/UT Governments, NGOs and other institutions.

Prohibition of smoking

867. DR. K. MALAISAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there was a study made in advance relating to the implications involved in the prohibition of smoking in public places;

(b) whether it has not been felt that the implementation of this prohibition is difficult and impractical;

(c) whether there will be public co-operation and co-ordination in implementing this move; and

(d) what are the innovative, striking and unique methods to muster the cooperation of smokers to make the scheme a success and deter them from smoking once and for all?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) As per various studies related to health impact of second hand smoke, several thousand people who have never smoked die each year due to exposure to second hand smoke. Exposure of non-smokers to second hand smoke causes cancer, as well as many serious respiratory and cardiovascular diseases in children and adults, often leading to death.

The Government of India has notified "The Prohibition of smoking in Public Places Rules, 2008" *vide* GSR No. 417(E) dated 30th May 2008 and it has come into force from 2nd October, 2008. The new Rules aim to protect the non-smokers from ill-effects of passive smoking/environmental tobacco smoke (ETS).

It is noteworthy that more than 2/3rd of the populations are non-smokers. The Rules only prohibit the smokers from smoking in a Public Place so that the health of vast majority of non-smoker is not compromised.

Government of India has launched the pilot phase of the National Tobacco Control Programme (NTCP) in 18 Districts of 9 States during the year 2007-08. The programme broadly includes:

1. Capacity building of the State in the effective implementation of the Tobacco Control Act, 2003.
2. Train health workers, school teachers, etc. on ill-effects of Tobacco.
3. Engage NGOs, to carry out school programme in the Government Schools.
4. Mass media/ IEC campaign, tailored to regional needs.

It is hoped that strict implementation and monitoring of the laws by the State Governments coupled with awareness /mass media campaign will make the smoke free policy a success.